printed on page 68 of the July 1929 issue of California and Western Medicine.

Officers therein provided for should then be elected. These officers can then proceed to enlarge their organization along the lines in vogue in county auxiliaries in other states, concerning which information is given in the national publication of the Woman's Auxiliaries. Mrs. George H. Hoxie is the president of the National Woman's Auxiliary. Her address is 3719 Pennsylvania Avenue, Kansas City, Missouri. The national organization has printed an interesting leaflet on "Some Facts Concerning the Woman's Auxiliary of the American Medical Association," for which request should be made.

It is hoped that in May 1930, at the Del Monte annual session, the parent body, which came into existence at San Diego last May, can sponsor the regular state organization of the auxiliary through the representatives of the county woman's auxiliaries in California which it is felt should be in existence by that time.

With proper coöperation by the officers of county medical societies in California, the woman's auxiliary movement should be well launched before the next annual session. The movement is also commended to the consideration of our Nevada and Utah colleagues.

## TO WHAT EXTENT SHOULD THE USE OF THE M. D. DEGREE BE CIRCUMSCRIBED?

A Letter From Professor A. W. Meyer of Stanford.—In the correspondence column of the Miscellany Department of this issue of California and Western Medicine is a letter from Professor A. W. Meyer, head of the department of anatomy of Stanford University School of Medicine. In his communication he discusses certain presumable limitations in the use of the degree of M. D. by holders of that degree who are not licensed to practice in California.

Professor Meyer, who received his own M. D. degree from Johns Hopkins University in 1905, was licensed to practice in Maryland, but has been in California for many years as chief of the department of anatomy at Stanford. The catalogue of that university, which is a public document, has always printed his name with his M. D. degree. Readers of this journal may remember his article on "The Pelvic Floor—Considerations Regarding Its Anatomy and Mechanics," which appeared in the December 1927 issue of California and Western Medicine.

It may not be out of place to also call attention to the fact that the California Medical Association, in its constitution, makes provision for "associate membership" for colleagues who, like Doctor Meyer, are located in California and who are engaged in teaching or public health work, but who do not engage in the private practice of medicine in the state. Such graduates of medicine are therefore looked upon as colleagues in good standing by the members of the organized medical profession.

Issues as Outlined in Letters and in Section 17 of the Medical Practice Act.—With the letter which is printed in the correspondence column, Doctor Meyer also enclosed several letters which passed between himself and Doctor Percy T. Phillips and Dr. C. B. Pinkham, respectively president and secretary of the Board of Medical Examiners of the State of California. Some excerpts from several of these which bear on the matters under discussion are also printed in the correspondence column in this number of California and Western Medicine.

To understand the issues which are discussed it is necessary to read the letters referred to. Some other points which are worthy of consideration are outlined below.

First of all it is well to understand that Section 17 of the Medical Practice Act, which is quoted in Doctor Meyer's letter, came into existence because some such provision was necessary in order to safeguard the public health. Its primary aim was to provide a law which would penalize those who held themselves before the California public as practicing M. D.'s when they had no such legal right.

Law Primarily Not Intended to Apply to Men Like Doctor Meyer.—It should be quite evident that the law was not brought into being to reach or penalize men like Doctor Meyer, who hold proper doctorate of medicine degrees and who, because of institutional or other work, are more or less transient residents in California. Men like Doctor Meyer who are not licensed and who do not engage in private practice cannot in any sense be construed to menace the interests of the lay public or of the medical profession.

Nevertheless the law as it is actually worded could be easily interpreted to apply to men like Doctor Meyer, even though we believe such was not its fundamental purpose. The California Board of Medical Examiners, if Doctor Pinkham is correct, evidently believes that the law does apply to Doctor Meyer. Doctor Meyer, on the other hand (and he writes that his opinion is shared by men of prominence in the legal profession) holds that Section 17 does not legally apply to him.

Expressing our own personal opinion, we are free to confess that because of the loose wording of Section 17 there would seem to be some merit in both contentions. However, we incline somewhat more to the viewpoint of Doctor Meyer than we do to that of the board, as interpreted by Doctor Pinkham.

Council of California Medical Association Might Well Consider this Law.—Would not this law be a very good matter for consideration by the Council of the California Medical Association and by the Committee on Public Policy of the Association? If the fault be in loose phraseology, why not amend Section 17 so that it will serve its real objects without subjecting to embarrassment honorable and esteemed members of the medical profession who hold M. D. degrees, who do not

engage in medical practice for monetary emoluments, even though they do not hold licenses to practice in California. Or what is very much worse than subjecting such graduates to mere embarrassment, of notifying them of their violation of a law with an implied threat of arrest and punishment for commission of a misdemeanor.

What good would come from such a proceeding? How would the public health interests of California be promoted, or the best interests of the medical profession subserved through such a spectacle? Would not such a course lower the medical profession in the eyes of many of the laity and in the end do more harm than good to the interests of the public health and of medical standards?

State Medical Board Has Much Work of Greater Importance.—Is it not proper to ask why our State Medical Board should take so seriously to heart these isolated cases which debatably might be said to violate the letter of the law as expounded in Section 17 of the Medical Practice Act? All citizens know that there are many laws on the statute books for which legitimate exceptions are constantly being made. Indeed, it has been affirmed by prominent members of the legal profession and it is generally accepted that not one of us goes through a day's work in the world at large without breaking some local, municipal, state, or federal law.

So far as the Medical Practice Act of California is concerned, why not busy ourselves with its real and major violations, putting aside the questionable or red tape or literal enforcements for consideration at such time when our house having been fully set in order, we can discuss such minor matters or technical violations and then decide what course of action would best serve the public good?

All around us are not a handful, but tens and hundreds of practitioners of the cultist groups who are busily engaged in practice. Adhering to such groups, in fashion similar to some of our own parasitic infestations, are many, many persons who, without let or hindrance, seemingly ply the practice of the healing art more or less illegally. With a multitude of such more or less. illegal practitioners of all beliefs in operation throughout California, why go out of our way and use up energy that could be put to better service to annoy those who are of us and with us, even though not licensed to practice, who do not engage in practice, but who have received the degree of M. D. from acceptable institutions, and who would seem to have a very proper right not to be obliged to conceal from the world that they legitimately earned that degree?

Before going after this last group of persons, why not ask ourselves how Section 17 can be altered? The English language is not so scant or obscure in its meanings that such an effort should be unsuccessful. All that is needed is to first make clear in our own minds just what ends the law, as given in Section 17, should serve, and then

to write the law in clear English so that those ends would be attained.

If we were to give a bit of friendly advice to our hard-working and esteemed colleagues on the California Board of Medical Examiners it would be to take the Doctor Meyer and similar cases under consideration; and at the same time consider how Section 17 should be changed in order to better carry out its real purposes. If the decision was reached that certain changes seemed desirable, then it stands to reason that for the present, men like Doctor Meyer should not be bothered by special agents of the Board of Medical Examiners. There is altogether too much other and more important work to be done.

Napoleon's Last Illness.—Three accounts of the postmortem appearances are in existence: the official one drawn up and signed by the British doctors; a semi-official one written by Henry in 1823; and that of Antommarchi on behalf of himself and the French representatives.

The official report states:

"A trifling adhesion of the left pleura to the pleura costalis was found, about three ounces of reddish fluid were contained in the left cavity, and nearly eight ounces in the right. The lungs were quite sound. The pericardium was natural, and contained about an ounce of fluid. The heart was of the natural size, but thickly covered with fat; the auricles and ventricles exhibited nothing extraordinary, except that the muscular parts appeared rather paler than natural. Upon opening the abdomen, the omentum was found remarkably fat, and on exposing the stomach, that viscus was found the seat of extensive disease; strong adhesions connected the whole superior surface particularly about the pyloric extremity, to the concave surface of the left lobe of the liver; and on separating these an ulcer which penetrated the coats of the stomach was discovered one inch from the pylorus, sufficient to allow the passage of the little finger. The internal surface of the stomach to nearly its whole extent was a mass of cancerous disease, or scirrhous portions advancing to cancer; this was particularly noticed near the pylorus. The cardiac extremity for a small space near the termination of the esophagus, was the only part appearing in a healthy state. The stomach was found nearly filled with a large quantity of fluid, resembling coffee grounds. The convex surface of the left lobe of the liver adhered to the diaphragm but with the exception of the adhesions occasioned by the disease in the stomach, no unhealthy appearance presented itself in the liver. The remainder of the abdominal viscera were in a healthy state. A slight peculiarity in the formation of the left kidney was observed."

(Signed) Shortt, Arnott, Burton, Livingstone, Mitchell.

It is curious to note that Francesco Antommarchi found what he termed tuberculous excavation and tubercles in the left lung whereas Arnott, who was present at the autopsy, indicates that the lungs were normal. All of the symptoms of Napoleon's last illness consequently clearly point to a gastric origin and the autopsy definitely proved that a carcinoma with perforation was the cause of death.

Professor De Paoli who has made extensive researches into the cause and circumstances of the death of Napoleon I, on the necropsy, on the previous hereditary diseases of the Bonaparte family, and on the conditions of Napoleon's health during the years of his greatest activity, finds that the postmortem would seem to justify the conclusion that the cause of his death, as in the case of his father, was cancer of the stomach, and that tuberculosis constituted a contributory cause.—Physicians' Times Magazine, September 1929.